

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00564765       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>I360</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>	
Mailing Address <b>PO BOX 37046</b>		Amount <b>471161.00</b>	
City <b>BALTIMORE</b>	State <b>MD</b>	Zip Code <b>21297</b>	Transaction ID : <b>SE24.102</b>
Purpose of Expenditure <b>MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate <b>JONI K. ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>1986851.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>CONSERVATIVE CONNECTOR, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>435 E MAIN STREET</b> <b>STE. 250</b>		Amount <b>1150.00</b>	
City <b>GREENWOOD</b>	State <b>IN</b>	Zip Code <b>46143</b>	Transaction ID : <b>SE24.124</b>
Purpose of Expenditure <b>LIST RENTAL</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>
Name of Federal Candidate <b>JONI K. ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>1986851.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>472311.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>472311.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas F. Maxwell III*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**10 / 02 / 2014**

Signature